



**SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION • Housing Authority**

141 Stony Cir. Suite 210, Santa Rosa, CA 95401

Tel: (707) 565-7500 • TTY (707) 565-7555 • Fax: (707) 565-7583

**EMPLOYMENT AND WAGE VERIFICATION FORM**

The following is to be completed by the EMPLOYEE and returned to the Housing Authority.

**DO NOT** have the employer fill out the bottom portion of this form.

The Housing Authority will send this form to the employer to complete.

EMPLOYEE NAME \_\_\_\_\_  
PRINTED NAME

Signature \_\_\_\_\_ Date

SOCIAL SECURITY Number \_\_\_\_\_

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EMPLOYER NAME \_\_\_\_\_

ADDRESS  
STREET ADDRESS CITY ST ZIP

PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:

The following is to be completed by the EMPLOYER:

DATE OF HIRE \_\_\_\_\_

WAGE/SALARY RATE \$ \_\_\_\_\_ PER \_\_\_\_\_

AVERAGE HOURS PER WEEK \_\_\_\_\_

PAY DATES (circle one) Weekly ☐ Bi-weekly ☐ Twice monthly ☐ Monthly ☐

OVERTIME RATE \$ \_\_\_\_\_ PER \_\_\_\_\_

AVERAGE OVERTIME HOURS PER WEEK \_\_\_\_\_

COMMISSIONS, BONUSES, and TIPS MONTHLY \_\_\_\_\_ YTD \_\_\_\_\_

YEAR TO DATE TOTAL INCOME \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

LAYOFF PERIODS (IF ANTICIPATED) \_\_\_\_\_

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Signature and Title of Employer or Authorized Representative \_\_\_\_\_ Date

OS \_\_\_\_\_